

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002519

1. Entity Name

JEFFERSON COUNTY YOUTH COUNCIL, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90139 034 \*\*\*\*61.25

Principal Place of Business

275 NORTH MULBERRY ST.  
MONTICELLO FL 32344

Mailing Address

275 NORTH MULBERRY ST.  
MONTICELLO FL 32344-1423

2. Principal Place of Business

3. Mailing Address

P.O. Box 346

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello FL

4. FEI Number

59-3609234

Applied For

Not Applicable

Zip

Country

Zip

Country

32345

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALSEY, LARRY  
275 NORTH MULBERRY ST.  
MONTICELLO FL 32344

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Larry Halsey

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Delete  
NAME ROANN, GLADYS  
STREET ADDRESS P.O. BOX 524  
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCD ☐ Delete  
NAME FREEMAN, LARRY  
STREET ADDRESS P.O. BOX 17  
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME HALSEY, LARRY  
STREET ADDRESS P.O. BOX 167  
CITY-ST-ZIP MONTICELLO FL 32345

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME RICKEY, JAN  
STREET ADDRESS ROUTE 2 BOX 30-H  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Betty Barfield  
CITY-ST-ZIP Rt 4 Box 4085 G  
Monticello FL 32344

TITLE D ☒ Delete  
NAME BAYLOR, BEN  
STREET ADDRESS 655 PUGSLEY  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Pamela Hubert  
CITY-ST-ZIP 910 W Washington St  
Monticello FL 32344

TITLE D ☒ Delete  
NAME BOTTCHEER, JOHN  
STREET ADDRESS ROUTE 5 BOX 5150  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

850-997-5262

Daytime Phone #

CR2E037 (9/99)